

2014 District Employees Health Benefit Plan Premium Rates – 12 Month

2013 District of Columbia Health Benefits (DCEHB)

The premium rates listed below are for employees (excluding Paraprofessionals) who were hired on or after October 1, 1987. This includes ET-15 teachers who work ten-months of the year but are paid over 12-months.

Cost of Benefits for Domestic Partners and Domestic Partners + Children

Please note that if you are enrolling a domestic partner or a domestic partner and children, you will pay the corresponding (Self + 1 or Family) rate AFTER-TAX. This applies to common-law and same-sex domestic partners.

AETNA HEALTHCARE CONSUMER DRIVEN HEALTH PLAN (CDHP)

TYPE	ENROLLMENT CODE	2014 BIWEEKLY PREMIUM	2014 MONTHLY PREMIUM
Self-Only	HM1	\$ 45.53	\$ 98.64
Self + 1	HM2	\$ 89.49	\$ 193.90
Family	HM3	\$ 131.56	\$ 285.06

AETNA HMO

TYPE	ENROLLMENT CODE	2014 BIWEEKLY PREMIUM	2014 MONTHLY PREMIUM
Self-Only	AH1	\$ 64.65	\$ 140.06
Self + 1	AH2	\$ 127.07	\$ 275.32
Family	AH3	\$ 186.81	\$ 404.75

AETNA PPO

TYPE	ENROLLMENT CODE	2014 BIWEEKLY PREMIUM	2014 MONTHLY PREMIUM
Self-Only	AP1	\$ 68.90	\$ 149.28
Self + 1	AP2	\$ 135.43	\$ 293.44
Family	AP3	\$ 199.10	\$ 431.39

KAISER PERMANENTE HMO

TYPE	ENROLLMENT CODE	2014 BIWEEKLY PREMIUM	2014 MONTHLY PREMIUM
Self-Only	KP1	\$ 57.16	\$ 123.84
Self + 1	KP2	\$ 109.17	\$ 236.53
Family	KP3	\$ 167.47	\$ 362.84

UNITED HEALTHCARE CHOICE NATIONWIDE

TYPE	ENROLLMENT CODE	2014 BIWEEKLY PREMIUM	2014 MONTHLY PREMIUM
Self-Only	MD1	\$ 60.39	\$ 130.85
Self + 1	MD2	\$ 115.35	\$ 249.92
Family	MD3	\$ 176.95	\$ 383.39